



Texas Department of Public Safety
Regulatory Services Division
P.O. BOX 15888, Austin, Texas 78761-5888

EXAMPLE:
● Yes ○ No

HANDGUN LICENSING

ONLINE COURSE PROVIDER
ORIGINAL APPLICATION

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS FILLED

FOR DPS USE ONLY

APPLICANT						
Applicant Last Name (AS IT APPEARS ON DL / ID)			First Name:		MI	Suffix: (IF ANY)
<input type="radio"/> Driver License <input type="radio"/> ID Card	DL/ID State (2-LETTER CODE)		DL/ID Number		Date of Birth (MM/DD/YYYY)	
Place of Birth (City):		State (2-LETTER CODE)	Country	Born outside the U.S. or U.S. Territory? <input type="radio"/> Yes <input type="radio"/> No	*If YES, attach legal status documentation.	
PERSONAL IDENTIFIERS						
Gender <input type="radio"/> Male <input type="radio"/> Female		Race <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black <input type="radio"/> White/Hispanic <input type="radio"/> Other/Unknown		Eyes (*MATCH DL/ID) <input type="radio"/> Black <input type="radio"/> Hazel <input type="radio"/> Blue <input type="radio"/> Maroon <input type="radio"/> Brown <input type="radio"/> Multicolor <input type="radio"/> Green <input type="radio"/> Pink <input type="radio"/> Gray <input type="radio"/> Unknown		Hair (*MATCH DL/ID) <input type="radio"/> Bald/Unknown <input type="radio"/> Gray/Partially <input type="radio"/> Black <input type="radio"/> Red/Auburn <input type="radio"/> Blonde/Strawberry <input type="radio"/> Sandy <input type="radio"/> Brown <input type="radio"/> White
Height Ft. In.						
Weight Lbs.						
CONTACT INFORMATION						
Residence Address (Cannot be a PO Box)			City		State (2-LETTER CODE)	ZIP Code
Have you lived at this residence for the previous five (5) years and is this the only residence information for the previous five (5) years (60 months)?					<input type="radio"/> Yes <input type="radio"/> No	*If NO, please complete and attach LTC-91B
Mailing Address (if different from Residence Address)			City		State (2-LETTER CODE)	ZIP Code
Applicant Home Phone Number			Applicant Work Phone Number			
Applicant Email						
Host / Domain Name (URL) for Online Classroom						
PAYMENT INFORMATION: Approved Online Course Provider Application Fee: \$100						
Note: Payment must be in the form of a personal check, cashier's check, or money order to Texas Department of Public Safety. I understand all fees submitted to Handgun Licensing are non-refundable and non-transferable .						
REPORTED HISTORY						
Have you ever been arrested or charged with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.)					<input type="radio"/> Yes <input type="radio"/> No	*If YES, please complete and attach LTC-91C.
Have you ever been treated and / or admitted to a facility for drug, alcohol and / or psychiatric care; OR been diagnosed as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control or intellectual ability; OR pleaded innocent by reason of insanity; OR been found mentally incompetent; OR had court-ordered outpatient treatment?					<input type="radio"/> Yes <input type="radio"/> No	*If YES, please complete and attach LTC-91C.

I understand all fees submitted to Handgun Licensing are **non-refundable** and **non-transferable**.

I verify the information provided is true and correct, and I understand this is an **official government record** and any false statement made on this document or any other supplement provided to DPS may result in **criminal prosecution**.

Applicant Signature _____ Date _____ (MM/DD/YYYY)

(You may copy and paste a scanned .jpg or pdf of your signature)

Mail to: **Regulatory Services Division MSC 0245, Texas Department of Public Safety, P.O. Box 15888, Austin, Texas 78761-5888**

LTC-91A (Rev. 3/18)

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.